DIRECTIONS FOR FILLING OUT THE AUTOMATED FORM.

Please do not try to fill out this form using Microsoft Works or WordPerfect. MS Works and WordPerfect do not support the Forms Tool used to create this document and it is not legible.

For Best Results: BEFORE you begin to fill out this form, Go to "Tools" on your menu bar and choose "Protect." When given the choice, choose to protect for "Forms." Do this BEFORE you start to fill out this form. Sometimes you may need to "Unprotect" the form before you can protect it for "Forms."

Please Note: Once you have started to fill out your protected document, do not try to reprotect it, as you will lose all of the information that you have already typed in.

The "TAB" key or the "UP ARROW" and "DOWN ARROW" keys will then move the cursor around the form. Please input the information requested.

When a check box appears, the SPACEBAR will mark and unmark a checkbox.

Thank you for using the automated Job Application form.

WASHINGTON STATE EMPLOYMENT OPPORTUNITY

APPLICATION FOR EMPLOYMENT WITH THE STATE OF WASHINGTON

Thank you for considering a career or promotional opportunity with the State of Washington. Completing this application is your first step toward joining a dynamic workforce dedicated to public service.

We encourage you to read through the packet before preparing your application. With a clear sense of the questions that follow, you will be able to present a strong, accurate record of your qualifications and skills.

Department of Personnel Seattle: 600 S. Franklin Spokane: 509-482-3685 Olympia, Washington Phone: 360-664-1960

This form has been designed in MS Word 6.0. TDD: 360-753-4107

206-720-3523

Mailing address:

Washington State Department of Personnel PO Box 47561 Olympia, WA 98504-7561 Prepared by:

Job Line 24-hour recorded information:

Washington State Olympia: 360-586-0545 Please read these instructions carefully before preparing your application. You must submit a separate application for each recruitment announcement. A resume may be attached, but it will not take the place of this completed Application for Employment with the State of Washington (form SF573).

Note: As a convenience to applicants, duplicate copies may be submitted for other positions if the copies are legible and carry an *original signature* and *current date*.

* General Information

First, get a copy of the recruitment announcement. It tells you important things about applying for the job, such as special conditions, qualifications, where jobs are available, and the test type. Next, read the recruitment announcement carefully to make sure you qualify. If you meet the requirements, fill out this application.

Please use a typewriter or print clearly in ink. Answer all questions and provide all information requested -- your responses will affect acceptance of your applications.

Emphasize positions that are directly related to the minimum qualifications noted in the recruitment announcement. You may wish to summarize other experience. Start with your present or last experience, and then work backward.

* Submitting Your Application

Many state agencies recruit candidates through their agency personnel offices. To ensure that your application reaches the right office, follow the application process and mailing instruction provided in the recruitment announcement.

* Closing Date

Your application must be received or postmarked by 5:00 P.M. on the closing date shown on the recruitment announcement. All additional information requested in the announcement must be attached.

You can expect to be notified of your application results about three weeks after the closing date.

* Guidelines

Most items on the application are self-explanatory. Items that do require more explanation, however, are covered below.

Application Type

Open Competitive. Applicant not working permanently for the state. **Promotion.** Permanent or permanent project state employee.

Transfer. Permanent employee applying within an existing job class or a closely related job class at the same salary level.

Voluntary Demotion. Permanent employee applying for a job at a lower salary level.

Reduction-in-Force (RIF). Permanent state employee who has been laid off (use as instructed by personnel office). Reversion. Permanent state employee returning to job held prior to promotion. HEPB (Higher Education Personnel Board). Permanent HEPB employee (Inter-System eligibility statement PEROP-048 must be attached to application).

Re employment. Previous permanent state employee who separated from state employment within the past five years and now wishes to be re-employed in the same or similar job class.

Previous Score. If you have taken the same oral or written test within the past five years, you may choose to apply that test score to this application. Please check "Yes" if you wish that score reviewed for possible use.

Employment Preference. If you do not specify agency preferences, we will assume you will accept employment in any agency. Under "Shift" and "Schedule," if all boxes are left blank, we will assume only full-time, permanent employment will be accepted. Misdemeanor or Felony. Conviction of a misdemeanor or felony does not

necessarily bar you from employment. If you have been convicted within the last seven years, but the infraction is unrelated to the type of work you seek, you may check "No".

Geographic Choice. Please consider carefully where you are willing to work. If you refuse a job at a location where you said you would work, your name will likely be removed form the employment register. If you want to change your designation of employment location, please call (206) 753-2305.

* Testing

If tests are required for a position, your test schedule notice will include information regarding when and where the test will be conducted.

Candidates who do not appear for the test, or who do not pass the test, will not be rescheduled.

* Special Assistance

Washington State provides testing assistance to persons of disability whose condition would interfere with taking a test. For example, you may require a reader, sign language interpreter, more time, etc. If you require such assistance, please call (206) 753-3758 Voice, or (206) 753-4107 TDD.

* Employment Registers

If your application is accepted and you pass a required test, your name will be placed on an employment register. Candidates who are not state employees will usually remain on the register for one year. At the end of a year, you may ask to remain on the register for one additional year.

* Affirmative Action and Veteran's Preference

The State of Washington is an equal opportunity employer. Information about the state's Affirmative Action Program and Veteran's Preference appears on later pages.

1

Application for Employment With the State of Washington

Part 1. GENERAL INFORMATION Please review all questions carefully before preparing your application. POSITION (Job title for which you are applying; list only one) RECRUITMENT ANNOUNCEMENT NUMBER NAME (Last, First, and Middle Initial) SOCIAL SECURITY NO. (for identification only) MAILING ADDRESS (Include apartment number, if any) HOME TELEPHONE (include area code) CITY COUNTY STATE WORK (or Message) TELEPHONE Accepted By Code **Application Type** (check all boxes that apply to you): Are you currently a permanent State of Washington employee? NO, OPEN COMPETITIVE (A) YES...If Yes, YOUR CURRENT AGENCY'S NAME: Test Score If you are a permanent employee, check application type (see definitions in "Guidelines"): PROMOTION REEMPLOYMENT (D) REDUCTION-IN-FORCE (F) HEPB EMPLOYEE (H) REVERSION (G) VOLUNTARY DEMOTION (E) TRANSFER If you worked for the State of Washington within the last five (5) years as a classified permanent Selective #1 Selective #2 employee, please provide your former job classification: **Use of previous test score** (see "Guidelines" for qualifications): If eligible, would you like to use your old score? Selective #3 Selective #4 Yes, use previous score - If Yes, TYPE OF PREVIOUS TEST: MULTIPLE CHOICE ORAL RECRUITMENT NUMBER, IF KNOWN: EXPERIENCE & TRAINING (E&T) IF CHANGED, YOUR NAME AT PREVIOUS TESTING: List agencies you prefer (check one): **Employment and testing preferences:** Are you willing to travel as part of this job? WILL ACCEPT WORK IN ANY AGENCY WILL ONLY ACCEPT WORK IN AGENCIES LISTED BELOW ANY, EXCEPT THOSE AGENCIES LISTED BELOW Check below the types of employment you will accept: SHIFT **SWING** GRAVEYARD ROTATING DAY **SCHEDULE** FULL-TIME PART-TIME TEMPORARY TANDEM (Shared) PROJECT SEASONAL SATURDAY TESTING IN OLYMPIA, SPOKANE, OR BELLEVUE If available, would you prefer: NO Do you need testing assistance such as sign language interpreter, reader, etc.? Part 2. BACKGROUND INFORMATION If a driver's license or other license, certificate, or registration is required for this position, please complete the following: License, Certificate, or Registration License Number **Expiration Date** Driver's License Commercial (A, B, C) Other (Indicate type): Other than English, what languages do you Have you been convicted of a misdemeanor or felony within the past seven (7) years that might speak, read, or write fluently? unfavorably affect your fitness for this job? How did you learn of this employment opportunity? DEPARTMENT OF PERSONNEL JOB FAIR STATE AGENCY (list office and location): TELEVISION

JOB LINE RECORDED INFORMATION

OTHER

NEWSPAPER

FRIEND OR NEIGHBOR

Are you a YES List post h	DUCATION high school graduate or NO If No, HI high school training, inc.	GHEST GF	RADE CO	MPLETED	:				nt education	on. If more	space is ne	eeded, copy thi	s blank
	ame and Location	M	onth and	d Year A	ttended	C	redits	s Earned		Maj	or	Type of degree	Year Degree
			MMN	1	MMM	Qtr.	Smstr		her			awarded	Receive
		From	YY	То	YY			(Spe	cify)				
		From		То									
		From		То									
		From		То									
		From		То									
		From		То									
	or Last Employer	use the co	ntinuati	on sheet p	Employer			applicatio	on.			er's Phone Numer area code):	mber
Your Title			Months	& Years I	Employed In	this Positi	ion	Total M	Ionths	Avg. Hrs.	Per Wk	Last Salary	
Immediate Supe	ervisor's Name		From	for Leavir	To				Volunte	er	No. of F	Employees Sup	ervised
Immediate Sup-	2 1351 5 1 14111		11045511	101 20011					Yes/No			mprojees zap	01,1000
Specific Duties	:												
2. Present	or Last Employer				Employer	's Address	i					er's Phone Nu	mber
Your Title			Months	& Years I	n this Position Total Months			Ionths	Avg. Hrs. Per Wk		- Last Salary		
		•	From		То							_	
Immediate Supe	ervisor's Name		Reason	for Leavir	ng:				Volunte	er	No. of E	imployees Sup	ervised
Specific Duties	:												
3. Present	or Last Employer				Employer	's Address						er's Phone Nu	mber
Your Title			Months	& Years I	Employed In	this Positi	ion	Total M	Ionths	Avg. Hrs.	Per Wk	Last Salary	
Immediate Supe	ervisor's Name		From	for Leavir	To To				Volunte	er	No. of F	Employees Sup	ervised
Specific Duties			reason	Tor Ecavii	-6.				Volume		110. 01 1	improyees sup	Civised
4. Present	or Last Employer				Employer's Address					er's Phone Numer area code):	mber		
Your Title				& Years I	Employed In	this Positi	ion	Total M	Ionths	Avg. Hrs.	Per Wk	Last Salary	
Immediate Supe	ervisor's Name		From Reason	for Leavir	To				Volunte	er	No. of F	Employees Sup	ervised
Specific Duties				20u i	φ.				. oranic		2.0.011	J 223 Dup	

5.	Present or Last Employer			Employer	's Address					er's Phone Number e area code):
Your Title		Months & Years Employed In			this Position Total M		Months Avg. Hrs.		Per Wk	Last Salary
		From		То						
Immediate Supervisor's Name		Reason for Leaving:					Voluntee	er	No. of E	imployees Supervised
Speci	fic Duties:									

Part 5. DATE AND SIGN

TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.



Date (Month/Day/Year) Signature

Part 6. GEOGRAPHIC CHOICE

Employment Locations

To assist you in selecting locations, Washington State is divided into five geographic regions. In the list below, counties and selected cities appear alphabetically within the region. You will be considered for requested locations that you circle. If you are available for anywhere in a county, circle the number next to the county name. If available only to certain cities, circle the number next to the city name(s). If you select "Other Locations", you will be considered for positions throughout the county, but not in the cities listed here. If nothing is marked, you will only be considered for positions in your county of residence.

Changing Locations

If you want to change your designation of employment location, you may do so after you have been notified that your application has been accepted. Please call (206) 753-2305.

WASHINGTON STATE GEOGRAPHIC REGIONS

North/Central Puget Sound Region

15 ISLAND COUNTY

- Oak Harbor
- 999 Other Locations

17 KING COUNTY

- Auburn
- Bellevue
- Bothell
- Burien
- Enumclaw Federal Way
- Issquah
- Kent Kirkland
- 10 North Bend
- Redmond
- Renton
- Tukwila 41 Snoqualmie

SEATTLE

- Ballard
- Beacon Hill
- Capitol Hill Central Area
- Downtown Business 17
- 18 Magnolia
- 19 North Seattle
- 20 Queen Anne
- 21 Rainier Valley 22 University District
- 23 West Seattle
- 24 White Center
- Lake City 25
- South Seattle
- Belltown
- Mercer Island
- Anywhere in Seattle
- 999 Other Locations

18 KITSAP COUNTY

- Bremerton
- Port Orchard
- Manchester
- Retsil
- 999 Other Locations

27 PIERCE COUNTY

- Buckley
- Gig Harbor
- Lakewood
- Purdy
- Puyallup
- Steilacoom Tacoma
- McNeil Island
- Orting 999 Other Locations

28 SAN JAUN CO.

- Friday Harbor
- 999 Other Locations

29 SKAGIT COUNTY

- Anacortes
- Mount Vernon
- Sedro Woolley
- 999 Other Locations

31 SNOHOMISH CO.

- Arlington
- Edmonds
- Everett
- Monroe
- Mountlake Terrace
- Lynnwood
- Smokey Point 999 Other Locations

34 THURSTON CO.

- Olympia
- Tumwater
- Cedar Creek
- Lacey
- 999 Other Locations

37 WHATCOM CO.

Bellingham

1 Bellingian.
999 Other Locations

PENINSULA REGION

05 CLALLAM CO

- Forks
- Port Angeles
- Clallam Bay
- 999 Other Locations

14 GRAYS HARBOR CO.

- Aberdeen
- Hoquiam
- Montesano
- 999 Other Locations

16 JEFFERSON CO

- Port Townsend
- Brinnon
- 999 Other Locations

23 MASON COUNTY

- Shelton Belfair
- 999 Other Locations

SOUTHWEST REGION

06 CLARK COUNTY

- Vancouver
- Larch Mountain Yacolt
- Ridgefield
- 999 Other Locations

08 COWLITZ COUNTY

- Castle Rock
- Kelso
- Longview
- Kalama
- 999 Other Locations

21 LEWIS COUNTY

- Centralia
- Chehalis
- 999 Other Locations

25 PACIFIC COUNTY

- Naselle
- Raymond
- 999 Other Locations

30 SKAMANIA CO

35 WAHKIAKUM CO

NORTHEAST REGION

04 CHELAN COUNTY

- Chelan
- Leavenworth
- Wenatchee
- 999 Other Locations 09 DOUGLAS CO.

10 FERRY COUNTY

22 LINCOLN

- 24 OKANOGAN CO.
 - Okanogan
 - Omak 999 Other Locations

26 PEND OREILLE CO.

32 SPOKANE COUNTY

- Cheney Medical Lake
- Spokane
- Airway Heights

999 Other Locations 33 STEVENS COUNTY

- Coville 999 Other Locations

SOUTHEAST REGION

01 ADAMS COUNTY

- Othello
- Ritzville

999 Other Locations

- 02 ASOTIN COUNTY
 - Clarkston 999 Other Locations

03 BENTON COUNTY

- Kennewick
- Prosser
- Richland
- 999 Other Locations

07 COLUMBIA CO.

- 11 FRANKLIN CO.
 - Pasco
 - Connell 999 Other Locations

12 GARFIELD CO.

13 GRANT COUNTY

- 19 KITTITAS CO.
 - Ellensburg
 - Cle Elum 999 Other Locations
- 20 KLICKITAT CO.

Goldendale White Salmon

- 999 Other Locations 36 WALLA WALLA
 - College Place Walla Walla

999 Other Locations 38 WHITMAN CO.

- Colfax
- Pullman
- 999 Other Locations 39 YAKIMA CO. Sunnyside
 - Selah

Part 7. AFFIRMATIVE ACTION INFORMATION

Completing this form will enable Washington State to assess the many talents and skills that are available throughout the workforce. To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action Definitions at the bottom of this page.

Nam	ne (Last, First, Middle Initial)	Recruitment Announcement Number	Date of Birth	Social Security Number
1.	What race or culture do you conside		e 2. Are ye	ou Male Femal
	group. If you are of more than one rac	e, please check "Other Race".		
	Black/African-American (870)	White/Caucasian (800)		
Asia	n or Pacific Islander (API) (if API, please check	one box below):		
	Chinese (605) Vietnamese	Filipino (608)	Asian Indian (600)	Hawaiian (635)
	Japanese (611) Korean (612)	Cambodian (604)	Samoan (655)	Laotian (613)
	Guamanian Other API (ple	ase identify)		
	Indian (American) (597) (please identify name of	r the enrolled or principal tribe):		
	Eskimo Aleut			
	Other race (please indicate race or culture and li	st in order of preference for Affirmative A	action purposes):	
	Are you Spanish, Hispanic, or Latino Mexican, Mexican-American, Chicano (722)	(a)? If yes, please check one box Puerto Rican (727)	k below: Cuban (709)	
	Other Spanish/Hispanic/Latino(a) (print one grous Spaniard):	ıp, such as Colombian, Dominican, Nicara	aguan,	
3 .	Have you ever been on active duty in No Yes Dates:		bled Veteran: Percent of bility:	<u></u> %
Note 4.	Do you have a physical, sensory, or n such as working, caring for yourself, learning?	nental condition that substantial	lly limits any of your	major life functions,
5.	Do you have a physical, mental, or of limits the kind or amount of work yo Yes No		sted six (6) or more i	months and which
taki	e: Washington State provides special teng a test. Please see "Special Assistance ument.			
I cei	rtify that this information is true and acc	urate to the best of my knowledge	2.	
Dat	Your Signatur	re		

Affirmative Action Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

Part 8. VETERAN'S INFORMATION

6. (a) (b) (c) (d) (e)

Employment preference is given to veterans who meet state and federal qualifications.

For Competitive Employment: If eligible, ten (10) percentage points will be added to your passing score if you are not receiving veteran's retirement pay. If you are receiving retirement pay, five (5) percentage points will be added.

For Non-Competitive Employment: Although points are not added under this category, employment preference is given to qualified veterans, surviving spouses of deceased veterans, or spouses of a permanently disabled veteran.

To ensure that you receive veteran's credit, please respond to the questions below.

10 6	nsure mai you receive veieran s	crean, pieuse respona to	ine questions below.	
1.	Have you served honorably in the Arm Yes No List campaign, expeditionary, or se		ctive duty for reasons other than train	ing?
2.	Did you serve in active duty prior to M	lay 8, 1975?	Yes No	
3.	Were you discharged within the last eig	ht years?	Yes No	
4.	Are you receiving a monthly retiremen	t benefit?	Yes No	
5.	Are you a Vietnam-era Veteran?		Yes No	
6.	Do you have a service-connected disabi	lity?	Yes No	
	If yes, list percent of disability:	%		
7.	Are you presently the spouse of a disab	led veteran?	Yes No	
	If yes, list percent of spouse's disal	oility:		
8.	Are you presently the surviving spouse	of a deceased veteran who died fr	om service-related activities?	Yes No
	■ List campaign, expeditionary, or	service medals spouse received:		
9.	If you are a surviving spouse, have you	remarried?	Yes No	
10.	Please give dates of your (or your spou	<u> </u>		
	Date Entered	Branch	Date Separated	
	Date Entered	Branch	Dute Separated	
			s preference, you must attach a your employment application.	сору
art	9. Test Answers		y come on production of productions	
	This is an answer section that is used for some announcement.	ome recruitment announcements.	Use it only if instructed to do so on	For Agency Use
	(a) (b) (c) (d) (e) 7. (a) (b) (c) (d) (e) 13. (a) (b) (c) (d) (e) 19. (a) (b) (c) (d) (e)	Converted Score
2.	(a) (b) (c) (d) (e) 8. (a) (b) (c) (d) (e) 14. (a) (b) (c) (d) (20. (a) (b) (c) (d) (e)	
3.	(a) (b) (c) (d) (e) 9. (a) (b) (c) (
4.	(a) (b) (c) (d) (e) 10. (a) (b) (c)	(d) (e) 16. (a) (b) (c) (d) (e) 22. (a) (b) (c) (d) (e)	Raw Score
5.	(a) (b) (c) (d) (e) 11. (a) (b) (c)	(d) (e) 17. (a) (b) (c) (d) (e) 23. (a) (b) (c) (d) (e)	

Thank you for submitting this employment application...

12. (a) (b) (c) (d) (e) **18.** (a) (b) (c) (d) (e)

To ensure that your application is processed quickly, please review it to be certain that you have answered all questions. You might also take a moment to review all documents that you wish to include. If required, have you included **copies** of official documents, such as military discharges? Please make sure you sign and provide date. A final review now will enable Personnel staff to complete their evaluation and send you the results.

Part 4. EMPLOYMENT HISTORY - (CONTINUATION SHEET)

Unless otherwise instructed in the recruitment announcement, a resume alone is not acceptable. This section must be completed. Start with your present or last position, then work backward. You may use this form for volunteer as well as paid experience. For volunteer experience, 174.3 hours equals one month's experience. If you need more space, copy the blank form on the next page or attach additional sheets.

6. Present or Last Employer				Employer	's Address	Employer's Phone Number (include area code):					
Your	Title	Months &	Years En	nployed Ir	this Position	Total M	Ionths	Avg. Hrs.	Per Wk	Last Salary	
		From		То		1					
Immediate Supervisor's Name Re		Reason fo	or Leaving	:		Volunteer			No. of Employees Supervised		
Speci	fic Duties:										
7. Present or Last Employer			Employer's Address					Employer's Phone Number (include area code):			
Your	Title	Months &	Years En	nployed Ir	this Position	Total M	Ionths	Avg. Hrs.	Per Wk	Last Salary	
		From		То							
Imme	diate Supervisor's Name	Reason fo	or Leaving	:	Volunteer			er	No. of Employees Supervised		
Speci	fic Duties:										
8.	Present or Last Employer			Employer	's Address					er's Phone Number area code):	
8. Your		Months &		1 ,	r's Address a this Position	Total M	Ionths	Avg. Hrs.	(include		
		Months &		1 ,		Total M	Ionths	Avg. Hrs.	(include	area code):	
Your		From		mployed Ir		Total M	Nonths Voluntee		(include () Per Wk	area code):	
Your	Title	From	k Years En	mployed Ir		Total N			(include () Per Wk	area code): - Last Salary	
Your	Title diate Supervisor's Name	From Reason fo	दे Years En	mployed Ir To :	this Position	Total M			(include () Per Wk No. of E	area code): Last Salary mployees Supervised er's Phone Number area code):	
Your Imme Specif	Title diate Supervisor's Name fic Duties: Present or Last Employer	From Reason fo	दे Years En	mployed Ir To :	this Position	Total M	Volunted		(include () Per Wk No. of E Employ (include ())	area code):	
Your Imme Specia	Title diate Supervisor's Name fic Duties: Present or Last Employer Title	From Reason fo	दे Years En	mployed Ir To :	this Position		Voluntee	Avg. Hrs.	(include () Per Wk No. of E Employ (include () Per Wk	area code): Last Salary mployees Supervised er's Phone Number area code): Last Salary	
Your Imme Special 9.	Title diate Supervisor's Name fic Duties: Present or Last Employer	From Reason for Months & From	दे Years En	mployed Ir Employed Ir To	this Position		Volunted	Avg. Hrs.	(include () Per Wk No. of E Employ (include () Per Wk	area code): Last Salary mployees Supervised er's Phone Number area code):	